

INDIVIDUAL RELOCATION CASE REPORT					ID NO This Case..... (from relocation plan)		Parcel No _____ Unit No _____		
<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>• Please submit this report within 30 days after displacement and payment of relocation claims for each displaced person.</p> </div> <div style="flex: 1; text-align: center;"> <p>Wisconsin Department of Commerce Relocation Unit, Division of Community Development, Department of Commerce, PO Box 7970, Madison, WI 53707</p> </div> </div>			Federal Relocation <input type="checkbox"/> Yes Law Applies <input type="checkbox"/> No		Date Replacement Inspected ____/____/____				
			Date Person Moved In (on site) ____/____/____		Date Negotiations Began ____/____/____				
Date Prepared ____/____/____		Prepared By _____		Phone _____		Date Person Moved Out ____/____/____		Date Property Acquired ____/____/____	
Acquiring Agency _____			Project Name _____			<input type="checkbox"/> This unit was shown as occupied in the relocation plan but was vacant prior to initiation of negotiation to acquire. <input type="checkbox"/> This unit was vacant at the time of plan approval but was occupied prior to acquisition.			
Name of Displaced Person _____			Phone _____						
Address (acquired) _____		City _____		State _____		Zip _____		Person Moved to: <div style="display: flex; justify-content: space-between;"> <div> <u>Residential</u> <input type="checkbox"/> D.S.S. Housing <input type="checkbox"/> Comparable Housing <input type="checkbox"/> Non-D.S.S. Housing <input type="checkbox"/> Publicly Assisted Housing </div> <div> <u>Non-Residential</u> <input type="checkbox"/> Adequate Replacement <input type="checkbox"/> Comparable Replacement <input type="checkbox"/> Non-Code Compliant Repl. <input type="checkbox"/> Discontinued Operation </div> </div>	
Address (replacement) _____		City _____		State _____		Zip _____			
Displaced Person Is: <input type="checkbox"/> Residential Owner <input type="checkbox"/> Business Owner <input type="checkbox"/> Non-Profit <input type="checkbox"/> Residential Tenant <input type="checkbox"/> Business Tenant <input type="checkbox"/> Farm Owner <input type="checkbox"/> Mobile Home Occupant <input type="checkbox"/> Non-Profit Owner <input type="checkbox"/> Farm Tenant									
RESIDENTIAL					BUSINESS, FARM or NON-PROFIT				
<input type="checkbox"/> Family <input type="checkbox"/> Individual		Family Size ____/____ (adults/children)		Name of Business/Farm/Non-Profit _____			No. of Employees _____		
Head of Household is:		Gross Income/Yr. \$ _____		Type of Operation _____			Annual Net Income \$ _____		
<input type="checkbox"/> Female <input type="checkbox"/> White <input type="checkbox"/> Male <input type="checkbox"/> Non-White <input type="checkbox"/> Elderly (over 65)		Source(s) of Income <input type="checkbox"/> Wages/Salary <input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Interest <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other		Type of Interest Acquired <input type="checkbox"/> LAND and BUSINESS <input type="checkbox"/> BUSINESS ONLY <input type="checkbox"/> LEASEHOLD IMPROV. <input type="checkbox"/> OTHER (specify) _____					
	ACQUIRED UNIT	SELECTED COMPARABLE	ACTUAL REPLACEMENT		ACQUIRED UNIT	SELECTED COMPARABLE	ACTUAL REPLACEMENT		
TYPE UNIT (single fam., duplex, multi-fam., etc.)				TYPE OF BLDG. (office, free standing, mixed use, etc.)					
NUMBER OF ROOMS/ BEDROOMS	/	/	/	LAND AREA					
OVERALL SIZE (square footage)				BUILDING (square footage)					
ACQUISITION PRICE	\$	\$	\$	ACQUISITION PRICE	\$	\$	\$		
MONTHLY RENT (with utilities)	\$	\$	\$	MONTHLY RENT (with utilities)	\$	\$	\$		
CHECK IF CARVE OUT WAS DONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHECK IF CARVE OUT WAS DONE ON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
RELOCATION PAYMENTS Type of Payment (ie. move, rent differential, searching, etc.)	DATE		AMOUNT		NOTE: If a person has not filed or received payments, or was paid more or less than the person appears eligible for according to the data in this report, state the reasons on the reverse side. If carve-out was necessary in determining the replacement payment amount, explain method and computations used on reverse side. Is this the final case report for this project? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	CLAIM	PAID	CLAIMED	PAID					
			\$	\$					
			\$	\$					
			\$	\$					
			\$	\$					
			\$	\$					
			\$	\$					
			\$	\$					
			\$	\$					
Total			\$	\$					